

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference:
(if desired)(12 characters maximum)

G25-073

Box No. I TITLE OF INVENTION

SOLENOPSIN A, B AND ANALOGS AS NOVEL ANGIOGENESIS INHIBITORS

Box No. II APPLICANT

Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

The University of Georgia Research Foundation, Inc.
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☐ This person is also inventor

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State (i.e. country) of Nationality: US

State (i.e. country) of Residence: US

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the states indicated in the supplemental box

Box No. III FURTHER APPLICANT(S) AND/OR FURTHER INVENTOR(S)

Name and address: (family name followed by given name; for a legal entity, full official Designation. The address must include postal code and name of country)

Emory University
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This person is:

☒ applicant only

☐ applicant and inventor

☐ inventor only (if this check-box is marked, do not fill in below)

State (i.e. country) of nationality: US

State (i.e. country) of residence: US

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the states indicated in the supplemental box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (family name followed by given name; for a legal entity, full official Designation. The address must include postal code and name of country)

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☐ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.